

SUMMER CAMP

REGISTRATION FORM



1. CAMPER INFORMATION Incomplete forms will not be processed. Please print legibly and fill in all fields.

Name _____
First Last Preferred First Name for Name tag

Female ____ Male ____ Birthday ___/___/___ Age ____ Grade **Entering** Fall 2023 _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian 1 Name _____ Cell Phone _____ Work Phone _____

Parent/Guardian 1 Email _____

Parent/Guardian 2 Name _____ Cell Phone _____ Work Phone _____

Parent/Guardian 2 Email _____

Church Name _____ Church City _____

My Church Can Know I Have Registered (Circle One). YES NO (leave blank if you do not attend church)

Roommate Request: (one camper request) First, Last Name _____

ROOMMATE REQUEST: Glen Lake will attempt to fulfill 1 roommate request per camper. List the name of 1 camper roommate request. This is NOT a guarantee for cabin assignments. ****IF REGISTERING FOR ELEMENTARY PLEASE NOTE:** Glen Lake strives to do our very best to accommodate your roommate requests. In an effort to make the most of our cabin time and small group times, we will only be able to honor roommate requests if the campers are both in 3rd-4th grade or if the campers are both in 5th-6th grade. We will not be able to honor requests to put 5th-6th grade campers with 3rd-4th grade campers. All Trailblazer campers will have time to interact throughout the day during camp.

Insurance Company Name _____

Phone Number _____ Group/Policy# _____

Primary Physician _____ Phone Number _____

How did you hear about Glen Lake Camp? (Circle One) Friend Church Relation Social Media Alumni Featured Speaker
Family Billboard Yard Sign Former Staffer Returning camper

2. CAMPER HEALTH

*Full disclosure of the following information is requested in order for Glen Lake to offer the safest environment for your child. The information is used with discretion by our health personnel and, if deemed necessary, by the staff members working directly with your child in the cabin. **Any medical or behavioral conditions requiring special conditions/personnel/knowledge, must be discussed personally with the Executive Director prior to registration.***

Information from parents:

My child does **NOT** have permission to take the following over-the-counter medicines by direction of the camp's designated health personnel.

- | | | | |
|--|---------------------------------------|---|---|
| <input type="checkbox"/> Tylenol/ Acetaminophen Advil/ | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Sudafed/Decongestant | <input type="checkbox"/> Benadryl/Antihistamine |
| <input type="checkbox"/> Pepto Bismol | <input type="checkbox"/> Tums/Antacid | <input type="checkbox"/> Robitussin/Expectorant | <input type="checkbox"/> Swimmer's Ear Solution |

Has your child experienced or currently experiencing any of the following conditions: Please list reason below:

- | | |
|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Homesickness |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Head Lice |
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Menstrual concerns |
| <input type="checkbox"/> Behavioral issues | <input type="checkbox"/> Mental Health concerns |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Other |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Stomach problems/Diarrhea/Constipation |
| <input type="checkbox"/> Hayfever | |

MARK	CAMP	GRADE	DATE	PRICE
	Trek	1, 2, 3 grade	July 5-7	\$200.00
	Elementary	3,4,5,6 grade	June 18-23	\$475.00
	Elementary	3,4,5,6 grade	June 25-30	\$475.00
	Elementary	3,4,5,6 grade	July 16-21	\$475.00
	Elementary	3,4,5,6 grade	July 23-28	\$475.00

MARK	CAMP	GRADE	DATE	PRICE
	Junior High	1,2, 3 grade	June 18-23	\$475.00
	Junior High	6,7,8 grade	June 25-30	\$475.00
	Junior High	6,7,8 grade	July 9-14	\$475.00
	Junior High	7,8 grade	July 16-21	\$475.00
	High School	9,10,11,12,13 grade	July 9-14	\$475.00

Please Note: Camp choice should be for the grade the camper will be **starting in the Fall of 2023**.

7. PAYMENT WORKSHEET

Camp Pricing

Weeklong Camp • \$475.00

Trek Camp • \$200.00

Charge Summary:

Camp Session Amount \$ _____

Optional:

Camper Cash Account \$10, \$20, \$40 \$ _____

No Camper Cash Account with Family Camp

TOTAL DUE \$ _____

Donate extra money left on my cash card to the scholarship fund. Cash Cards are cashed out before camp dismissal. **Balances less than \$1.00 will automatically be donated.**

Payment Options:

\$75.00 deposit is due before March 1st with the remaining balance split into 3 payments due on March 15th, April 15th, and May 15th. Credit cards will automatically be charged unless GLC is notified.

Payment Types:

Cash \$ _____

Personal Check \$ _____

Church Check \$ _____

Credit Card \$ _____

Discover, Mastercard, Visa accepted

A Credit Card Surcharge of 2.5% will be added to your total if you choose to use Credit Card to Pay.

ACH is available at no additional surcharge by calling Camp Office.

Credit Card Information:

Account # _____

CSV# _____ (CSV# is located on the back of your CC)

Expiration Date _____

Billing Statement Address w/ zip code: _____

Signature _____

PO Box 928 Glen Rose, TX 76043

Main 254.897.2247

You will receive confirmation within 10 business days of receipt. Please add register@glenlake.org to your email address book to ensure electronic delivery.



glenlake
Camp & Retreat Center